

County: Marinette
 WHISPERING OAKS CARE CENTER
 620 HARPER AVE

Facility ID: 1400

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PESHTIGO 54157 Phone:(715) 582-4148
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 45
 Total Licensed Bed Capacity (12/31/04): 45
 Number of Residents on 12/31/04: 32

Ownership: Limited Liability Company
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 33

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		21.9
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		37.5
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	15.6	More Than 4 Years		40.6
Day Services	Yes	Mental Illness (Org./Psy)	18.8	65 - 74	15.6			-----
Respite Care	Yes	Mental Illness (Other)	9.4	75 - 84	34.4			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	28.1	*****		
Adult Day Health Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.1		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	31.3	65 & Over	84.4	-----		
Transportation	No	Cerebrovascular	6.3		-----	RNs		12.3
Referral Service	Yes	Diabetes	6.3	Gender	%	LPNs		16.0
Other Services	No	Respiratory	3.1	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	21.9	Male	56.3	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	43.8			
Provide Day Programming for			100.0	-----	-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care							
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	1	33.3	156	0	0.0	0	0	0.0	0	0	0.0	1	3.1
Skilled Care	0	0.0	0	25	96.2	123	2	66.7	133	3	100.0	118	0	0.0	0	0	0.0	30	93.8
Intermediate	---	---	---	1	3.8	103	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	3.1
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	0	0.0		26	100.0		3	100.0		3	100.0		0	0.0		0	0.0	32	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
		-----			-----	
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	4.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.0	Bathing	9.4	81.3	9.4	32
Other Nursing Homes	4.2	Dressing	43.8	50.0	6.3	32
Acute Care Hospitals	91.7	Transferring	53.1	34.4	12.5	32
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	37.5	46.9	15.6	32
Rehabilitation Hospitals	0.0	Eating	81.3	12.5	6.3	32
Other Locations	0.0	*****				
Total Number of Admissions	24	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	0.0		Receiving Respiratory Care	9.4
Private Home/No Home Health	12.0	Occ/Freq. Incontinent of Bladder	56.3		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	4.0	Occ/Freq. Incontinent of Bowel	28.1		Receiving Suctioning	0.0
Other Nursing Homes	4.0				Receiving Ostomy Care	0.0
Acute Care Hospitals	52.0	Mobility			Receiving Tube Feeding	3.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	6.3		Receiving Mechanically Altered Diets	37.5
Rehabilitation Hospitals	0.0					
Other Locations	4.0	Skin Care			Other Resident Characteristics	
Deaths	24.0	With Pressure Sores	0.0		Have Advance Directives	84.4
Total Number of Discharges		With Rashes	6.3		Medications	
(Including Deaths)	25				Receiving Psychoactive Drugs	59.4

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: Under 50 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	73.3	84.2	0.87	87.6	0.84	87.7	0.84	88.8	0.83
Current Residents from In-County	65.6	76.9	0.85	72.7	0.90	70.1	0.94	77.4	0.85
Admissions from In-County, Still Residing	12.5	19.0	0.66	25.0	0.50	21.3	0.59	19.4	0.64
Admissions/Average Daily Census	72.7	161.6	0.45	93.3	0.78	116.7	0.62	146.5	0.50
Discharges/Average Daily Census	75.8	161.5	0.47	92.6	0.82	117.9	0.64	148.0	0.51
Discharges To Private Residence/Average Daily Census	12.1	70.9	0.17	19.6	0.62	49.0	0.25	66.9	0.18
Residents Receiving Skilled Care	96.9	95.5	1.01	74.5	1.30	93.5	1.04	89.9	1.08
Residents Aged 65 and Older	84.4	93.5	0.90	94.4	0.89	92.7	0.91	87.9	0.96
Title 19 (Medicaid) Funded Residents	81.3	65.3	1.24	55.3	1.47	68.9	1.18	66.1	1.23
Private Pay Funded Residents	9.4	18.2	0.52	38.5	0.24	19.5	0.48	20.6	0.46
Developmentally Disabled Residents	0.0	0.5	0.00	0.6	0.00	0.5	0.00	6.0	0.00
Mentally Ill Residents	28.1	28.5	0.99	37.9	0.74	36.0	0.78	33.6	0.84
General Medical Service Residents	21.9	28.9	0.76	18.6	1.17	25.3	0.86	21.1	1.04
Impaired ADL (Mean)	33.1	48.8	0.68	46.6	0.71	48.1	0.69	49.4	0.67
Psychological Problems	59.4	59.8	0.99	57.8	1.03	61.7	0.96	57.7	1.03
Nursing Care Required (Mean)	7.0	6.5	1.09	6.3	1.12	7.2	0.97	7.4	0.95